

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>		6-8-99

INDEX OF CLAIMS

+ - R ✓  
 (Through numeral) ... Rejected  
 ... Allowed  
 ... Canceled  
 ... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/15/00
2	✓	✓	6/15/00
3	✓	✓	6/15/00
4	✓	✓	6/15/00
5	✓	✓	6/15/00
6	✓	✓	6/15/00
7	✓	✓	6/15/00
8	✓	✓	6/15/00
9	✓	✓	6/15/00
10	✓	✓	6/15/00
11	✓	✓	6/15/00
12	N	N	
13	N	N	
14	N	N	
15	N	N	
16	✓	✓	6/15/00
17	✓	✓	6/15/00
18	✓	✓	6/15/00
19	✓	✓	6/15/00
20	✓	✓	6/15/00
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44	✓	✓	6/15/00
45	✓	✓	6/15/00
46	✓	✓	6/15/00
47	✓	✓	6/15/00
48	✓	✓	6/15/00
49	✓	✓	6/15/00
50	✓	✓	6/15/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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